RI SOS Filing Number: 201992069460 Date: 5/8/2019 2:29:00 PM

State of Rhode Island and Providence Plantations

| Department of S | State - Busin | ess Service | s Division | 100 1100 | , ç |
|---|---|---------------------------------------|-------------------------------|-----------------------------|------------------------|
| Annual Report for the y Limited Liability Comp → Filing period: Septembe | any | | Amen | 2019 MAY -8 | PM 2: 29 |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.0 | | | mber 1. | _ | |
| 1. Entity ID Number | 2 Exact name of the Limited Liability Company | | | | |
| CO1686441 | FRA degning solutions LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 561720 | | | | | |
| 5. State of Formation RI | Cleaning company | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 45 Capron St. | | | Providence | 1.5 | 02909 |
| 7. Mailing Address of Limited Li | ability Company a | and Name or Title | of Contact Person | | |
| Contact Name Rubens | C011920 | cirilo | Contact Title | ner_ | |
| Street Address US Ca Pron St. | | | City O Vider | V W StaRT | D7909 |
| 8. List ALL managers (names a | and addresses) of | the Limited Liab | ility Company, IF APPLICA | BLE - DO NOT LIST I | |
| Manager Name Duben's Collaro cirilo | | | Manager Name | | |
| Street Address US CRRYON ST | | | Street Address | | |
| City Providence | State 27 | ^{Zip} 02909 | Cıty | State | Zıp |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zıp | City | State | Zıp |
| | | <u> </u> | <u></u> . | Check the box to | Indicate an attachment |
| 9. Resident Agent in Rhode Isla | and This informatio | on is currently of rec | cord with the Department of S | tate. Changes require filia | ng Farm 642. |
| Under penalty of perjury, I de statements, and that all state | clare and affirm ments contained | that I have exar I herein are true | nined this report, includi | ing any accompanyin | g schedules and |
| Name of Authorized Parece | | | | Dala | |

MAIL TO:

Division of Business Services

Signature of Authorized Person

148 W. River Street, Providence. Rhode Island 02904-2615

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Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

May 08, 2019 02:29 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

